

**TO THE PUBLIC UTILITIES COMMISSION  
OF THE STATE OF HAWAII  
ANNUAL REPORT OF  
CLASS "C" CONTRACT PASSENGER CARRIERS**

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**STATE EXACT NAME OF CARRIER**

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**PUC NUMBER**

**FOR THE YEAR ENDED DECEMBER 31, 20\_\_\_\_\_**

**NOTICE:** An annual report is to be filed and is due no later than April 30 to cover the preceding calendar year's operations.

Under Section 271-27(i), Hawaii Revised Statutes, a civil penalty shall be imposed for the delinquent filing of this financial report:

- (1) A sum of one-sixteenth of one percent of the motor carrier's gross revenue from the preceding calendar year shall be assessed, if the failure is not more than one month.
- (2) An additional one-sixteenth of one percent of the motor carrier's gross revenues from the preceding calendar year shall be assessed for each additional month or fraction thereof.
- (3) In no event shall the total penalty be less than \$50.

**APPROVED BY THE PUBLIC UTILITIES COMMISSION**

**HAW-PUC Form 92-014  
Effective 1/1/93  
rev 1/1/02**

ORGANIZATION AND CONTROL OF CARRIER

1. State full and exact name and address of carrier making this report.

Carrier: \_\_\_\_\_ PUC No. \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

2. **Insert an "X" if new address within the last 12 months ( )**

Business Name (dba): \_\_\_\_\_  
Business Address (other than P.O. Box): \_\_\_\_\_  
Phone: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

- 2a. **2001 Annual Financial Reports** (AFR) are available on our Department web site.  
Thus, if you need additional copies of this report, please go to:

<http://www.state.hi.us/budget/>

3. Date first started business: \_\_\_\_\_

4. State the various kinds of business, other than contract carriage, in which the carrier was engaged at any time during the year:

\_\_\_\_\_

5. Island(s) in which carrier service is offered: \_\_\_\_\_

6. List companies controlled by carrier:

\_\_\_\_\_

7. List persons or companies controlling carrier; also state percent owned:

\_\_\_\_\_

\_\_\_\_\_

8. Have you filed your current contract agreements with this office?: \_\_\_\_\_

9. Provide the following information regarding your insurance:

- (a) Bodily Injury and Property Damage Liability

Policy Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

- (b) Cargo Insurance

Policy Number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

10. Location of carrier's records: \_\_\_\_\_

EXHIBIT A - Continued

11. Name of outside accountant (PA or CPA): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_
12. Preparer of this report:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_
13. Please check (✓) whether account books are kept on a **calendar year** ( ) or **fiscal year** ( ) basis. If fiscal year basis, please state the period: \_\_\_\_\_. Note that this annual financial report must be filed on a calendar year basis.

VERIFICATION

I, \_\_\_\_\_, certify (or declare) that I am duly authorized to  
(Print of Type)  
file this statement; that I have knowledge to the matters contained herein; that the PUC regulated revenues reported herein reflect rates under the lawful tariff(s) filed with this Commission; and that the report set forth in this annual report is complete, true and correct to the best of my knowledge, information and belief.

Signature \_\_\_\_\_

Title \_\_\_\_\_  
Carrier \_\_\_\_\_

Date: \_\_\_\_\_

## EXHIBIT A - Continued

### Additional Information For Corporations and Partnerships Only

14. Date of Incorporation: \_\_\_\_\_  
Incorporation in the State of: \_\_\_\_\_

15. Names of Directors/Partners:

[illegible]

16. Names of Officers:

[illegible]

**EXHIBIT B****Section A OPERATING REVENUES - CONTRACT PASSENGER CARRIERS:**

Note: (1) Before you complete this section, please read Instruction Number 7d.  
 (2) Do not include taxi, school bus, or non PUC revenues.

Line	Classification	PUC Revenues
1	Tour	
2	Transfer	
3	Shuttle	
4	Baggage	
5	Miscellaneous (Specify):	
6	Total	*

**Section B PUC MOTOR CARRIER GROSS REVENUE FEE:**

7	Total PUC Revenues (* Line 6)	\$ <input type="text"/>
8	Motor Carrier Fee (Line 7 x .0025.) <b>Note: Minimum payment due is \$20.</b>	\$ <input type="text"/>
9	<b>Less:</b> a. Credit for Overpayment of previous year's Fee	\$ <input type="text"/>
	b. Payment with Extension Request	\$ <input type="text"/>
10	<b>Balance Due (Difference line 10 minus line 9a and 9b)</b>	\$ <input type="text"/>

Pay amount on Line 10 on or before April 30th. Otherwise, penalty and interest will be assessed.

**Make your check payable to Hawaii Public Utilities Commission** and attach to this page.

Indicate your PUC number on the check. Your cancelled check is your receipt.

HRS § 239-2 relating to the **Public Service Company (PSC) Tax** amends certain PSC tax provisions, particularly by amending the definition of "gross income" to allow motor carriers to pay the PSC Tax only on their portion of gross receipts received through the arrangements with other motor carriers. HRS § 239-2 **DOES NOT APPLY TO THE CALCULATION OF THE PUC MOTOR CARRIER FEE (Fee).**

There is **no** provision under PUC statutes that allows for a deduction in gross revenues to calculate the PUC Fee. No deductions to gross revenues (including **Farm-Outs**) shall apply when calculating the PUC Fee.

See Hawaii Revised Statutes § 271-36.

**CARRIER NAME:** \_\_\_\_\_  
**PUC NO.:** \_\_\_\_\_  
**ISLAND:** \_\_\_\_\_

**EXHIBIT C**

**INCOME STATEMENT**

For the 12 Month Period Ending \_\_\_\_\_, 20\_\_\_\_

**(Use Whole Dollars)**

DESCRIPTION	AMOUNT	TOTAL
<b>1. Total PUC Operating Revenue (Exhibit B, Section A, Line 6)</b>		
<b><u>PUC Operating Expenses:</u></b>		
2. Advertising		
3. Dues & License		
4. a. Equipment Rental - Leased Vehicles		
b. Equipment Rental - Others		
5. Fuel & Oil		
6. Insurance		
7. Legal & Accounting		
8. Office Supplies		
9. Payroll - Drivers		
10. Payroll - Others		
11. Payroll Taxes & Fringe Benefits		
12. Rent - Office/Terminal		
13. Repairs & Maintenance - Auto		
14. Telephone/Utilities		
15. PUC Motor Carrier Fee		
16. Public Service Company Tax/General Excise Tax		
17. Airport Transfer Fee		
18. a. Depreciation - PUC Vehicles		
b. Depreciation - Other Fixed Assets		
19. Other PUC Expenses (Attach separate sheet)		
<b>20. Total PUC Operating Expenses (Add Lines 2 to 19)</b>		
<b>21. PUC OPERATING INCOME (Line 1 less Line 20)</b>		
<b>22. PUC OPERATING RATIO (Line 20 divided by Line 1)</b>		%
<b><u>OTHER INCOME:</u></b>		
23. a. Non - PUC Income (Loss)		
b. Interest and Dividends		
c. Other Income		
<b>24. Total Other Income (Add Lines 23a to 23c)</b>		
<b><u>OTHER DEDUCTIONS:</u></b>		
25. a. Interest Expense		
b. Other Deductions		
<b>26. Total Other Deductions (Add Lines 25a and 25b)</b>		
<b>27. NET INCOME BEFORE INCOME TAXES (Line 21 plus Line 24 less Line 26)</b>		
28. Income Taxes		
<b>29. NET INCOME (Line 27 less Line 28)</b>		

ISLAND: \_\_\_\_\_

**Place an asterisk \* next to the year if the vehicle is not registered to the carrier.**

[illegible]